

Ublituximab-xiiy (Briumvi)

Provider Order Form Revised 10/29/2025



PROVIDERS: Please include the following information to expedite the order:
Patient Demographic, most recent Office Visit Note, Insurance Information, TB Results, Recent Labs

PATIENT INFORMATION

Referral Status: New Referral Updated Order Order Renewal

Date: _____ Patient Name: _____ DOB: _____
ICD-10 code: G35.A: RRMS G35.B0: PPMS, unspecified G35.B1: PPMS, Active G35.B3: PPMS Non-Active
 G35.C0: SPMS, unspecified G35.C1: SPMS, Active G35.C2: SPMS, Non-Active G35.D: MS, Unspecified
Other ICD-10 code and description: _____
 NKDA Allergies: _____ Weight (lb/kg) _____
Patient Status: New to Therapy New to Therapy Last Treatment Date: _____ Next Due Date: _____

PROVIDER INFORMATION

Referral Coordinator Name: _____ Referral Coordinator Email: _____
Ordering Provider: _____ Provider NPI: _____
Referring Practice Name: _____ Phone: _____ Fax: _____
Practice Address: _____ City: _____ State: _____ Zip: _____

NURSING

- Hepatitis B status & date (list results here and attach clinicals)

 Utilize Hypersensitivity protocol established by Redeemer Health Infusion and PI
 Provide nursing care and observation per Redeemer Infusion Policies and Procedures
Most payors require quantitative serum immunoglobulin screening prior to Briumvi induction.
 Recent quantitative serum immunoglobulin test completed (list results and attach clinicals):

- Redeemer Infusion to draw quantitative serum immunoglobulin prior to first infusion (if required by payor).

LABORATORY ORDERS

- CBC at each dose every _____
 CMP at each dose every _____
 CRP at each dose every _____
 Other: _____

REQUIRED LABS (NAÏVE PATIENTS ONLY)

- ALT _____ Bilirubin: _____
 AST _____ Alkaline Phosphatase: _____
 Please check this box if you do NOT authorize Redeemer Health Infusion to order and draw labs indicated for clinical clearance and/or insurance authorization prior to treatment.

SPECIAL INSTRUCTIONS:

- Please check this box if you DO NOT authorize Redeemer Health Infusion to complete a Peer to Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.

PRE-MEDICATION ORDERS

- acetaminophen (Tylenol) 500 mg/ 650 mg/ 1000 mg PO
 cetirizine (Zyrtec) 10 mg PO
 loratadine (Claritin) 10 mg PO
 diphenhydramine (Benadryl) 25 mg/ 50 mg PO/ IV
 methylprednisolone (Solu-Medrol) 40 mg/ 125 mg IV
 hydrocortisone (Solu-Cortef) 100 mg IV
 Other: _____
Dose: _____ Route: _____
Frequency: _____

THERAPY ADMINISTRATION

- Ublituximab-xiiy (Briumvi) intravenous infusion**
 Induction:
Dose/Rate: 150mg in 250mL 0.9% NS over 4 hours followed by 450mg in 250mL 0.9% NS over one hour two weeks later.
 Maintenance:
Dose/Rate: 450mg in 250mL 0.9% NS over one hour 24 weeks after the first infusion and every 24 weeks thereafter.
 Flush with 0.9% sodium chloride after infusion completion
 Patient to stay for 60 minutes post infusion for observation for first two infusions. If no reaction or hypersensitivity, patient not required to stay for subsequent infusions.
• Refills: Zero/ for 12 months/ Other: _____
(If not indicated, order will expire one year from date signed)
To ensure a brand name product is dispensed, the prescriber must handwrite "Brand Medically Necessary" on the prescription form. If not indicated, Redeemer Infusion is authorized to administer a generic or biosimilar.

Provider Name (Print)

Provider Signature

Date